NAME: ARI PROSPERO
ADDRESS:
23 EUCLID AVENUE
PASA, NY 123456

MRN#: 242-12-3456
ACCT#: 11224455
DOB: 10/31/1923

SSN# 999-92-9992

RACE: W

SEX: M
RELIGION: ATHE
MARITAL STATUS: S

MANAGING MD: DR. E. VOID
DIAGNOSIS: C61.9
PATIENT PHONE# 555-333-1113

EMPLOYER: RETIRED

EMPLOYER ADDRESS: RETIRED

INSURANCE PROVIDER: MEDICARE W/HMO
GROUP #: 999-92-9992

CONSULTATION
01/23/2006

IDENTIFYING DATA: Patient is an 83-year-old gentleman with a recent diagnosis of adenocarcinoma of the prostate, referred for consideration of primary radiation therapy.

HISTORY OF PRESENT ILLNESS: The patient was found on routine laboratory evaluation to have an elevated PSA level, reaching a value of 6.25 on 01/10/2006. The patient had a prior PSA level of approximately 4.8 documented one year prior. The patient was seen and evaluated by specialist in urology, who on physical examination noted moderate prostatic enlargement, no obvious abnormality. Transrectal ultrasound-guided biopsies of the prostate were recommended and subsequently performed on 01/13/2006. The ultrasound portion of the examination demonstrated the prostate to measure 4.3 x 3.2 x 4.8 cm. A volume of 33 cc was calculated. PSA density was 0.19 (high). No evidence of significant hypoechogenicity was noted. Biopsies were obtained, pathologic examination demonstrating evidence of a Gleason grade 3/3 adenocarcinoma present in biopsy cores obtained from the right base, right midgland, and right apical regions. Evidence of perineural space involvement was identified in the cores obtained from the right apical region. In addition, approximately 90% of the cores from that area were involved. The patient has been counseled with respect to treatment alternatives. He presents at this time for a discussion regarding the role of radiation therapy.

PAST MEDICAL HISTORY: He has a known history of hypertension.

MEDICATIONS AT THE PRESENT TIME: Diovan, Nexium

ALLERGIES: The patient is intolerant to codeine-containing compounds.

FAMILY AND SOCIAL HISTORY: In general noncontributory. He has no significant family history of malignancies of any type. The patient was previously a smoker and he quit many years ago. He is retired and resides in the area.

REVIEW OF SYSTEMS: In general noncontributory. He has had no recent changes in appetite or weight. He has had no difficulty with respiratory or cardiovascular function. He has had no difficulty with chest pain or discomfort. He has had no difficulty with bowel function. His urinary habits are remarkable for mild obstructive symptomatology, nocturia zero to one time per evening. The patient completed an AUA symptom index questionnaire, assigning himself a total score of 8. He is sexually active on a regular basis. He has no neurologic complaints.

PHYSICAL EXAMINATION:
Vital Signs: Reveal the blood pressure to be 160/80, heart rate 60 and regular, patient is afebrile

DIRECTED PHYSICAL EXAMINATION: Reveals normal sphincter tone to be present. Palpation of the prostate reveals moderate enlargement. Increased firmness to palpation is noted in the right side of the prostate. No nodularity is present.

ASSESSMENT AND PLAN: This is an 83-year-old gentleman with a clinical diagnosis of stage II (T1c, N0, M0), Gleason grade 3/3, adenocarcinoma of the prostate. The patient at this time would appear to be a reasonable candidate for primary local regional treatment. His treatment options would include the use of external beam radiation therapy, interstitial brachytherapy, surgical resection, cryotherapy. An extensive discussion was undertaken regarding the various treatment options. At the present time the patient seems most interested in proceeding with primary interstitial brachytherapy. This would be a very reasonable treatment option for this patient. Such treatment would typically include the delivery of a total dose of approximately 145 Gy over the life of the radioactive iodine-125 seeds. The risks, benefits, and side effects of this procedure were discussed at length. At present the patient seems agreeable to proceed as clinically indicated. We will, therefore, schedule the patient for ultrasound volume determination, and if indicated proceed with radioactive seed implant therapy.

Should any questions arise regarding the radiotherapeutic management of this patient, please do not hesitate to contact our department.

Thank you very much for allowing us to participate in the care of this most pleasant patient.

OPERATIVE REPORT
01/26/2006

PROCEDURE(S): Ultrasound volume determination.

INDICATIONS: The prostate volume determination was done to calculate size and shape of the prostate as necessary for radiation dosimetry and treatment planning prior to permanent radioactive seed implantation.

PROCEDURE: Using a 5 millihertz transducer and rectal ultrasound probe, prostate scanning was initiated. The prostate was visualized and the grid pattern positioned symmetrically from base of the prostate to apex. The probe was then secured with the stabilizing image from base to apex and the volume of the prostate calculated. Transverse images of the prostate were also taken 5 mm cephalad to the base of the prostate and 5 mm caudal to the apex. A midline sagittal image was also performed and the distance from base to apex calculated electronically. The pubic arch was identified and outlined, this image was then superimposed on the widest prostate image and pubic arch interference estimated.

Results: Prostate volume: 26 cc
Prostate length: 38 mm
Pubic arch interference: No.
CT pubic arch indicated: No.

COMMENTS: The prostate is well visualized and is of a size amenable for radioactive seed implantation.

HISTORY AND PHYSICAL
02/23/2006

IDENTIFYING DATA: Patient is an 83-year-old gentleman with a known diagnosis of adenocarcinoma of the prostate, to be admitted on a same-day basis for radioactive seed implantation.

HISTORY OF PRESENT ILLNESS: The patient was found on routine laboratory evaluation to have an elevated PSA level, reaching a value of 6.25. The patient was seen and evaluated by specialist in urology, with recommendation being made for transrectal ultrasound-guided biopsies of the prostate. These were subsequently performed on 01/13/2006, the ultrasound portion of the examination demonstrating a 33-cc prostate gland. Pathologic evaluation of the demonstrating a 33-cc prostate gland. Pathologic evaluation of the demonstrating a 33-cc prostate gland. Pathologic evaluation of the biopsy core specimens revealed evidence of a Gleason grade 3/3 adenocarcinoma present in biopsy cores obtained from the right base, right mid-gland and right apical regions. Evidence of perineural space involvement was identified. The patient was counseled with respect to treatment alternatives, and he elected to proceed with primary radiation therapy, specifically, primary interstitial brachytherapy. The patient will be admitted on a same-day basis in this regard.

PAST MEDICAL HISTORY: Largely noncontributory. He has a known history of hypertension. He is status post removal of a benign subcutaneous lesion from the breast region approximately three years ago. He is status post prior orthopedic surgery to the back and left knee.

MEDICATIONS: Diovan, Nasacort, and Nexium.

ALLERGIES: The patient is allergic to Codeine-containing compounds.

FAMILY AND SOCIAL HISTORY: Noncontributory. The patient has a previous history of tobacco use and he quit greater than 20 years ago. He is retired.

REVIEW OF SYSTEMS:
Generally noncontributory. He has had no recent changes in appetite or weight. He has had no difficulty with respiratory or cardiovascular function. He ahs had no chest pain or discomfort. He has had no difficulty with bowel function. His urinary habits are remarkable for mild obstructive symptomatology, with an AUA index score of 8. The patient has no neurologic complaints.

PHYSICAL EXAMINATION:
Vital Signs: Blood pressure 150/75, heart rate 65 and regular. The patient is afebrile.
HEENT: Normocephalic/atraumatic. There is no palpable cervical or supraclavicular lymphadenopathy.
Chest/Lungs: The lungs are clear, with adequate air movement.
Heart: Auscultation of the heart reveals a regular rate and rhythm.
Abdomen: Soft, nontender.

Rectal: Normal sphincter tone present. The prostate is moderately enlarged. Firmness and induration is noted along the right side of the prostate gland. No nodularity.

ASSESSMENT/PLAN: A 73-year-old gentleman with a known diagnosis of adenocarcinoma of the prostate, to be admitted on a same-day basis for radioactive seed implantation. The risks, benefits, and side effects of primary interstitial brachytherapy were discussed at length with the patient. He understands and agrees to proceed. We will utilize radioactive iodine-125 seeds, the planned total dose over the life of the radioisotope being approximately 145 Gy.

RADIATION ONCOLOGY TREATMENT SUMMARY
02/25/2006

IDENTIFYING DATA: Patient is an 83-year-old gentleman with a known diagnosis of adenocarcinoma of the prostate, referred for primary radiation therapy.

TREATMENT PLAN: Primary interstitial brachytherapy for local regional control disease.

DATE OF PROCEDURE: February 25, 2006

ISOTOPE UTILIZED: Iodine-125.

NUMBER OF SEEDS IMPLANTED: 77.

ACTIVITY PER SEED: 0.332 millicuries.

NUMBER OF NEEDLES UTILIZED: 21.

TYPE OF SEEDS: Iodine-125, Mentor stranded.

PLANNED TOTAL DOSE OVER THE LIFE OF THE RADIOISOTOPE: 145 Gy.

RESPONSE TO TREATMENT: In general the patient tolerated his interstitial implant well, no unexpected side effects encountered.

DISPOSITION: The patient will be seen in routine follow up in the radiation/oncology clinic in two to three days' time; a post implant CT scan will be obtained then for evaluation of implant dosimetry.

OPERATIVE REPORT
02/25/2006

PREOPERATIVE DIAGNOSIS: Adenocarcinoma of prostate

POSTOPERATIVE DIAGNOSIS: Adenocarcinoma of prostate

PROCEDURE(S):
1. Brachytherapy of the prostate with I-125 radioactive seeds
2. Cystoscopy

ANESTHESIA: General

INDICATIONS: The patient is an 83-year-old Caucasian male with a history of elevated PSA determination of 6.25. The patient underwent a prostate ultrasound and biopsy. The biopsy revealed right lobe adenocarcinoma of the prostate, Gleason 3+3. The patient was advised of treatment options and has elected brachytherapy. He has been seen in consultation and informed has been obtained.

PROCEDURE: After induction of general anesthesia, the patient prepped and draped with Betadine in modified lithotomy position. The Siemens ultrasound unit was utilized and the endorectal. The prostate was visualized in both sagittal and transverse planes. The probe was positioned for seed implant and the use of the template. Seed implantation was then begun. A total of 21 needles were inserted and 77 seeds. Post implantation fluoroscopy showed good distribution of seeds with no obvious seeds within the bladder. The patient was then reprepped and redraped for cystoscopy with Betadine and a #21 French cystourethroscope was introduced under direct vision into the bladder. Urethra was unremarkable. Prostatic urethra showed no evidence of any seeds or spacers. The bladder was inspected and there were no clots, seeds, or spacers noted. The right-angle lens was then inserted and no additional findings were noted. The bladder was evacuated and the patient returned to the recovery room in satisfactory condition. Blood loss for the entire procedure was less than 25 ml. There were no operative complications. No tissue submitted to pathology.

OPERATIVE REPORT
02/25/2006

PREOPERATIVE DIAGNOSIS: Adenocarcinoma of the prostate

POSTOPERATIVE DIAGNOSIS: Adenocarcinoma of the prostate

PROCEDURE: Insertion of radioactive iodine-125 seeds into the prostate. Cystoscopy.

ANESTHESIA: General endotracheal

FINDINGS AND PROCEDURES: Patient was brought to the operative suite, identified, placed supine on the OR table. After induction of general anesthesia his legs were placed in supportive stirrups and positioned appropriately. Initial prep work was performed. A Siemens ultrasound probe was inserted into the rectum with excellent visualization of the prostate gland. The probe position was adjusted to coincide precisely with the preoperative images. Final prep work was performed. Seed insertion was begun. A total of 77 radioactive iodine-125 seeds of 0.332 mCi each were sequentially inserted into the prostate under direct ultrasonic/fluoroscopic guidance. Images obtained during the procedure revealed an excellent distribution. Following completion of radioactive seed insertion, cystoscopy was performed. No radioactive seeds or spacers were identified within the visualized portions of the urethra and bladder. At this point the procedure was completed, patient was taken to post-anesthesia recovery in stable condition.

ESTIMATED BLOOD LOSS: Minimal

FOLLOW-UP NOTE
05/23/2006

IDENTIFYING DATA: Patient is an 83-year-old gentleman with a known diagnosis of adenocarcinoma of the prostate, status post primary interstitial brachytherapy.

PREVIOUS RADIATION THERAPY HISTORY: The patient's previous radiation therapy consisted of radioactive iodine-125 seed implantation; the procedure was performed on February 25, 2006. The planned total dose over the life of the radioisotope is 145 Gy.

INTERVAL HISTORY: Since the patient was last seen at the time of radioactive seed implantation, he has in general done well. He did experience the urinary tract irritation consistent with radioactive seed implantation, which was helped somewhat with the use of Flomax. He has subsequently discontinued this medication without significant difficulty. His urinary habits now are described as with increased urinary frequency; he has no further dysuria. His bowel habits are unremarkable. He has had no bleeding.

PHYSICAL EXAMINATION: Physical examination at this time reveals no skin changes within the radiotherapy volume. Rectal examination is deferred.

LABORATORY DATA: A PSA level obtained May 10, 2006 revealed a value of 2.0, decreased from a pretreatment value of 6.25.

ASSESSMENT AND PLAN: The patient has tolerated his interstitial brachytherapy well and without incident.

Our plan at this time would be to have him return for a routine follow-up in approximately six months. We have recommended attainment of a repeat PSA level then. He was instructed to contact our clinic should any questions arise regarding his treatment.

MEMORIAL HOSPITAL - PATIENT IDENTIFICATION Acsn # |_____/_____|

|___Prospero_____Ari_____|_____|_____|_____|
Patient Last Name **First Name** **MI** Prefix Suffix

|_____| |_999___- _92__ - _9992____| |__242-12-3456_____|
Maiden Name/Alias SocSec# MR #

Address |_____23 Euclid Avenue_____| **County** |_____|

City/**St**|___PASA_____|_NY__| Zip + 4|_123456_|_____| Area Code/Phone #|555__/333_-_1113__|

PT PERSONAL INFO **Birthdate** |_10__/_31__/__1923___| **Age**|_83_____| **Birth Loc** |__999___|

Sex |_1__| **Race** |_01_| **Hisp Orig** |_0__| **Race#2-5** |_88_| |_88_| |_88_| |_88_| **Insurance** |_61____|

Spouse Last Name/First Name |_____|_____|

Occup |_____NR_____| Indus|_____NR_____|

Comments

SECONDARY CONTACT Phone |_____/_____-_____| Relation |_____|

|_____| |_____| |____|
Last Name First Name MI

Address |_____|

City|_____| St|_____| Zip+4|_____|_____|

DIAGNOSIS IDENTIFICATION **Seq #** |_00_|

Site |_____Prostate Gland_____| Site code |__C619__|

Histology |_____Adenocarcinoma_____| Hist code |___8140_____|

Behavior |___3___| **Grade** |__2___| Coding Sys Site |ccc| Morph |ccc| Conv flag |ccc|

Laterality |_0__| **Dx Confirm** |_1__| **Rpt Src** |_8__| Casef Src |_23__| Class/Case |_1__|

Supporting Text 1/13/06-Prostate bx rt mid, rt apical, rt base-adenoca, gleason grd 3+3=6.
1/10/06-PSA 6.25 U/S prostate-no hypoechogenicity noted.

DATE INIT DX |_01_/_13_/_06_| Admit |____/____/____| D/C |____/____/____|

DX EXT OF DIS CS Tumor Sz (mm) |_999__| **CS Extension |_15__|** CS T Eval |_____|

#LN exam |_____| #LN + |_____| **CS LN |_00__|** CS N Eval |_____|

CS Ver 1st |_____| CS Ver Latest |_____| **CS Mets |_00__|** CS M Eval |_____|

CS SS Factors #1 |_____| #2 |_____| **#3 |_097__|** #4 |____| #5 |____| #6 |____|
C38.4 only C619 only

Sum Stage |_1___| Version |ccc| Derived |ccc|

pT |_____| N |_____| M |____| Stage |____| Descrip |___| Staged By |____| **AJCC Ed** |ccc|

cT |_____| N |_____| M |____| Stage |____| Descrip |___| Staged By |____|

Staging Descrip _____

Date First Course of Treatment |_02__/__23/__06_| Date Init Rx |__02/__23/__06_|

Surgery

Date|_ /_/__| Surg Prim Site |_____| Scope LN |_____| Other|_____| Reason No Surg |_____|

Date|____/____/____| Surg Prim Site |_____| Scope LN |_____| Other|_____| Reason No Surg |_____|

Date|____/____/____| Surg Prim Site |_____| Scope LN |_____| Other|_____| Reason No Surg |_____|

OTHER TREATMENT

Date |_02___/_23___/_06___| Radiation Sum |_41____| Surg/Rad Seq |__0____| Reg Rad Rx Modal |_60_____|

Date |____/____/____| Chemotherapy Sum |___|

Date |____/____/____| Hormone Sum |___|

Date |____/____/____| BRM Sum |___| Other Rx Sum |___| Transpl/Endocr Sum |___|

PHYS SEQ
N = _____

M = _____ Ref From _____

R = _____ Add _____

F = _____ Ref To _____

2 = _____ Add _____

3 = _____ Comments: _____

PT STATUS Date Last Contact |_05__/_23__/_06__| Vital Stat |__1__| CA Status |_1__| FU Source |_1___|

COD (ICD) |_____| ICD Revision |_____|

OVERRIDE FLAGS
Age/Site/Morph |ccc| SeqNo/Dx Conf |ccc| Site/Lat/SeqNo |ccc| Site/Type |ccc| Histol |ccc|

Rept Source |ccc| Ill-def Site |ccc| Leuk,Lymph |ccc| Site/Beh |ccc| Site/Lat/Morph |ccc|

Additional Data
Census Tract |ccc| Cen Cod Sys |ccc| Cen Year |ccc| Cen Tr Cert |ccc|

NHIA Hisp Orig |ccc| IHS link |ccc| Comp Ethn |ccc| Comp Ethn Src |ccc|

Rec Type |ccc| Unique Pt ID |ccc| Reg ID |ccc| NAACCR Rec Ver |ccc|

KEY Data items in **Bold** are required fields Other data items are optional or "advanced surveillance"
|ccc| computed field, no manual input Shaded are optional non-NPCR items